

1 In the Matter of the Case Against: )

MBC Case No. 16-2010-204511

2 Ernest H. Friedman, M.D. )  
2221 Harcourt Drive )  
3 Cleveland Heights, OH 44106 )

4 Physician's and Surgeon's )  
Certificate No. CFE-19198 )

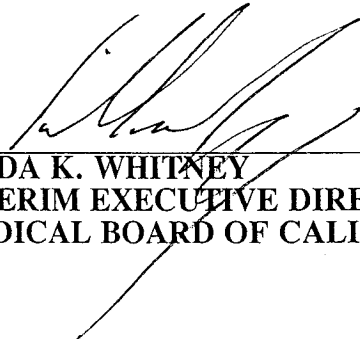
5 Respondent. )  
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8 **DECISION AND ORDER**

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10 The surrender of Physician's and Surgeon's Certificate No. CFE-19198, by  
11 respondent, Ernest H. Friedman M.D., is accepted by the Medical Board of California,  
12 Department of Consumer Affairs.

13 This Decision shall become effective at 5:00 p.m. on the 24th day of  
14 March, 2010.

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16 Ordered: March 24, 2010

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20 **LINDA K. WHITNEY**  
21 **INTERIM EXECUTIVE DIRECTOR**  
22 **MEDICAL BOARD OF CALIFORNIA**  
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**Ernest H. Friedman, M.D.**  
**2221 Harcourt Drive**  
**Cleveland Heights, OH 44106**

**Physician's and Surgeon's**  
**Certificate No. CFE-19198**

Respondent.

5. Respondent is aware of each of his rights, including the right to a hearing, the right to confront and cross-examine witnesses who would testify against respondent, the right to testify and present evidence on his own behalf, as well as to the issuance of subpoenas to compel the attendance of witnesses and the production of documents, the right to contest any charges and allegations, and other rights which are

1 accorded respondent pursuant to the California Administrative Procedure Act (Gov. Code, §  
2 11500 et seq.) and other applicable laws, including the right to seek reconsideration, review  
3 by the superior court, and appellate review.

4           6.       In order to avoid the expense and uncertainty of a hearing, respondent  
5 freely and voluntarily waives each and every one of these rights set forth above. Respondent  
6 hereby agrees to surrender Physician's and Surgeon's Certificate No. CFE-19198.

7           7.       Respondent understands that by signing this Stipulation he is enabling  
8 the Board to accept the surrender of his license without further process, as provided by  
9 section 11415.60(b) of the Government Code.

10           8.       Upon acceptance of the Stipulation by the Board, respondent  
11 understands that he will no longer be permitted to practice as a physician and surgeon in  
12 California, and also agrees to surrender and cause to be delivered to the Board both his  
13 license and wallet certificate before the effective date of the Decision.

14           9.       Respondent hereby represents that he does not intend to seek  
15 relicensure or reinstatement as a Physician and Surgeon. Respondent fully understands and  
16 agrees, however, that if respondent ever files an application for relicensure or reinstatement  
17 in the State of California, the Division shall treat it as a Petition for Reinstatement, and the  
18 respondent must comply with all the laws, regulations and procedures for reinstatement of a  
19 revoked license in effect at the time the petition is filed. Case Report No. 16-2010-204511,  
20 including all referenced attachments and other exhibits, and any additional attachments, and  
21 other exhibits, that may be generated subsequent to the filing of the surrender of license, shall  
22 be admissible as direct evidence, and any time based defenses, such as laches or any  
23 applicable statute of limitations, shall be waived when the Board determines whether to grant  
24 or deny the Petition.

25           10.      Respondent understands that this document may be disclosed to the  
26 public, and/or the National Practitioner Data Bank and/or the Federation of State Medical  
27 Boards.

ACCEPTANCE

I, Ernest H. Friedman, M.D., have carefully read the above Stipulation and enter into it freely and voluntarily, with the full knowledge of its force and effect, do hereby surrender Physician's and Surgeon's Certificate No. CFE-19198, to the Medical Board of California. By signing this Stipulation for Surrender of License, I recognize that upon its formal acceptance by the Board, I will lose all rights and privileges to practice as a Physician and Surgeon in the State of California and I also will cause to be delivered to the Board both my license and wallet certificate before the effective date of the Decision.

DATED: 19 Mar 2010

Ernest H. Friedman  
Ernest H. Friedman, M.D.  
Respondent

DATED: 13-13-2010

Terry Jackson  
WITNESS

NOTE:

I have no idea where his license or wallet card are (probably in a box of ?? from 40 yrs ago) practice. However it is highly unlikely that he will be in California again so you will have to accept his signature as sufficient. The State has no one who did not have this requirement. You are more than welcome to send appropriate personnel & documents and to search for your documents.

Amie B. Friedman

3pm & Poa  
13 March 2010

EXHIBIT A

# State Medical Board of Ohio

30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127

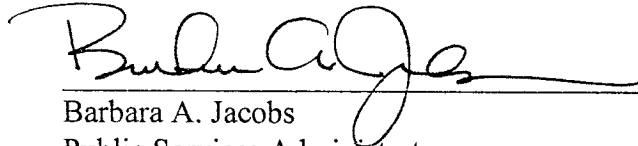
Richard A. Whitehouse, Esq.  
Executive Director

(614) 466-3934  
med.ohio.gov

## CERTIFICATION

I hereby certify that the attached documents in the matter **Ernest Harvey Friedman, M.D.**, are true and complete copies of these documents as they appear in the records of the State Medical Board of Ohio.

This certification is made by authority of the State Medical Board and on its behalf.



Barbara A. Jacobs  
Public Services Administrator

February 2, 2010

Date

BOARD SEAL

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF

:

:

ERNEST HARVEY FRIEDMAN, M.D.

:

**ENTRY OF ORDER**

On December 3, 2009, Ernest Harvey Friedman, M.D., executed a Surrender of his license to practice medicine and surgery in Ohio with consent to revocation, which document is attached hereto and fully incorporated herein.

Wherefore, upon ratification by the Board of the surrender, it is hereby ORDERED that Certificate No. 35-021180 authorizing Ernest Harvey Friedman, M.D., to practice medicine and surgery in the state of Ohio be permanently REVOKED, effective December 9, 2009.

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the 9<sup>th</sup> day of December 2009, and the original thereof shall be kept with said Journal.



Lance A. Talmage, M.D.  
Secretary

(SEAL)

December 9, 2009

Date

STATE MEDICAL BOARD  
17 3115

2009 DEC -4 AM 10: 16

**STATE OF OHIO  
THE STATE MEDICAL BOARD  
SURRENDER OF CERTIFICATE  
TO PRACTICE MEDICINE AND SURGERY**

I, Ernest H. Friedman, M.D., am aware of my rights to representation by counsel, the right of being formally charged and having a formal adjudicative hearing, and do hereby freely execute this document and choose to take the actions described herein.

I, Ernest H. Friedman, M.D., do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice medicine and surgery, License #35.021180, which is currently inactive for non-renewal, to the State Medical Board of Ohio [Board], thereby relinquishing all rights to practice medicine and surgery in Ohio.

I further acknowledge that I have not been legally authorized to practice medicine and surgery since January 1, 2009, the date upon which my license expired for non-renewal. I understand that as a result of the surrender herein I will not be permitted to practice medicine and surgery in any form or manner in the State of Ohio in the future.

I agree that I shall be ineligible for, and shall not apply for, reinstatement or restoration of certificate to practice medicine and surgery License #35.021180 or issuance of any other certificate pursuant to the authority of the State Medical Board of Ohio, on or after the date of signing this Surrender of Certificate to Practice Medicine and Surgery. Any such attempted reapplication shall be considered null and void and shall not be processed by the Board.

I hereby authorize the State Medical Board of Ohio to enter upon its Journal an Order permanently revoking my certificate to practice medicine and surgery, License #35.021180, in conjunction with which I expressly waive the provision of Section 4731.22(B), Ohio Revised Code, requiring that six (6) Board Members vote to revoke said certificate, and further expressly and forever waive all rights as set forth in Chapter 119., Ohio Revised Code, including but not limited to my right to counsel, right to a hearing, right to present evidence, right to cross-examine witnesses, and right to appeal the Order of the Board revoking my certificate to practice medicine and surgery.

I, Ernest H. Friedman, M.D., hereby release the Board, its members, employees, agents, officers and representatives jointly and severally from any and all liability arising from the within matter.

This document shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code. Further, this information may be reported to appropriate organizations, data banks and governmental bodies. I, Ernest H. Friedman, M.D.,



Surrender of Certificate  
Ernest H. Friedman, M.D.

OHIO MEDICAL BOARD  
OF OHIO

2009 DEC -4 AM 10:18

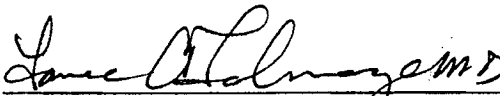
acknowledge that my social security number will be used if this information is so reported and agree to provide my social security number to the Board for such purposes.

I stipulate and agree that I am taking the action described herein in lieu of formal disciplinary proceedings pursuant to Section 4731.22(B)(19), Ohio Revised Code, for reasons including that I have developed a disease of the nervous system that impacts my ability to practice medicine.

**EFFECTIVE DATE**

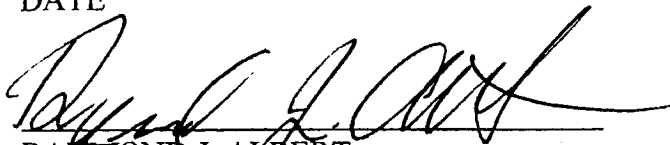
It is expressly understood that this Surrender of Certificate is subject to ratification by the Board prior to signature by the Secretary and Supervising Member and shall become effective upon the last date of signature below.

  
\_\_\_\_\_  
ERNEST H. FRIEDMAN, M.D.

  
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LANCE A. TALMAGE, M.D.  
Secretary

3 Dec 2009  
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DATE

12-9-09  
\_\_\_\_\_  
DATE

  
\_\_\_\_\_  
RAYMOND J. ALBERT  
Supervising Member

12/9/09  
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DATE

  
\_\_\_\_\_  
KAREN MORTLAND  
Enforcement Attorney

Dec 4, 2009  
\_\_\_\_\_  
DATE